SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 19 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
LATINO VICTORY FUND				C C00562777	
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report					
Full Name of Payee			Item [Date of Public Distribution/Dissemination	
Mailing Address 6331 Janson Drive				05 24 2017 Amount	
City	State	Zip Code		7300.00	
Sacramento	CA	95824		Fransaction ID : SE.4367 Date of Disbursement or Obligation	
Purpose of Expenditure Phone Bank, Non-contribution Account (Special Run				05 24 2017	
Name of Federal Candidate:			Office S	Sought: House District: 34	
GOMEZ, JIMMY, , ,	Oppose	Р	resident Senate State: CA		
Calendar Year-To-Date			Disburs	ement For: Primary General	
Per Election for Office Sought	7 7	116939.17	2017	X Other (specify) ► Runoff	
Full Name of Payee			Item [Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6331 Janson Drive			A	Amount	
City	State	Zip Code		28800.00	
Sacramento	CA	95824		Transaction ID : SE.4369 Date of Disbursement or Obligation	
Purpose of Expenditure Canvass, Non-contribution Account (Special Run-off) Category/ Type				05 24 7 2017	
Name of Federal Candidate:			Office S	Sought: K House District: 34	
GOMEZ, JIMMY, , ,			P	resident Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	145739.17	2017	ement For: ☐ Primary ☐ General Cher (specify) ► Runoff	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			• •		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Le Brusq, Sara, , ,	Electronically Fil	od1	M = M	/ D D / Y Y Y Y Y Y	
Signature	zaca onwany P ll	Date	9 08	30 2017	